Periodontal HEALTH SPECIALISTS

Aymee C. Spindler, DDS
Steven J. Spindler, DDS

POST TREATMENT CONSULTATION FOR: <<Patient's Full Name>>

Dear Dr. <<Ref Dr Last Name>>, <<Current Date>>

A Surgical implant placement procedure has been completed for your patient. The following case report summary is for your records.

PATIENT UPDATE:

Pressure- Therapy Compliance-
Medical- No medical changes occurred during the course of therapy.
No new medications were reported.

IMPLANT PLACEMENT SITE(S): #

TYPE OF IMPLANT: *(insert brand)*

Site					
Product code					
Lot #					

HEALING COLLAR INSTALLED:

A healing collar (s) is currently in the implant. The patient will bring an abutment/transfer post unit and an implant analog to their appointment with you. Additionally, after the final restoration has been completed, I would urge the patient to have an acrylic night guard splint fabricated.

Adequate periodontal maintenance for the dentition as well as implants is essential for long term successful results to be realized. Please schedule these appointments in your office per your normal recare schedule.

As usual, I enjoyed participating in the care of this patient with you. If you have any questions regarding the treatment for this patient, please do not hesitate to call. I look forward to working with you again soon.

Sincerely,

Steven Spindler, DDS
electronically signed